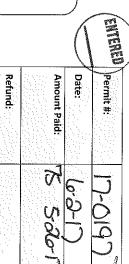
SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN







Owner(s): (If there are Multiple Owner's listed	onsible for the of Bayfield ed property at	Secretarial e) declare that this applic			Rec'd for Issue	The control of the co	■ Wunicipal Use			☐ Commercial Use			√ Residential Use			Proposed Use	rioposed constituction.	Existing Structure: (If permit being applied for is relevant to it)  Proposed Construction				5000	1	1	Value at Time of Completion * include donated time & material	Non-Shoreland		☐ Shoreland → ☐		Section C	NaE-1/4, 5, W	ON		Ħ,	A	62270 FINEER	OREUS 3, +	TYPE OF PERMIT REQUESTED→ Owner's Name:	Checks are made payable to: Bayfield County Zoning Department.  DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
wners listed of her De	nd accurac relying en sonable in	cluding ar		_	nce			□ Mobile I	□ Bunkhoı					Residence (i.e.	Principa	\ \		ermit being applied i		Property	Run a Business on	Conversion		New Construction	Project			s Property/Land with	s Property/Land with	, Township	1/4	Legal Description: (Use	3	Application	Olygin Consti	K F. RD	JEAN OISON	5333	3ayfield County Zoning )N UNTIL ALL PERMITS I
ed All Owners must sign	mation I (we) am (are) provic stick I (we) am (are) providin urpose of inspection.	O OBTAIN A PERMIT or S	explain)	Conditional Use: (explain)	Special Use: (explain)	ry Building Addition	Addition/Alteration (specify) Accessory Building (specify)	Mobile Home (manufactured date)	use w/ (□ sanitary, o	with Attached Garage	with a Deck	with (2 <sup>nd</sup> ) Porch	with a Porch	with Loft	Principal Structure (first structure on property)			for is relevant to it)		☐ Foundation	□ No Basement	2-Story		ĸ	# of Stories and/or basement			Is Property/Land within 1000 feet of Lake. Pond or Flowage	☐ Is Property/Land within 300 feet of River, Stream	N, Range W	200	(Use Tax Statement)		wner(s))	*	T.		✓ LAND USE ☐ SANITARY	Department
d All Owners must sign or letter (s) of authorization must accompany this application)	y of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a point is information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering all for the pumple of inspection.	FARTING CONSTRUCTION \		THE PARTY WAS A STATE OF THE PARTY OF THE PA	ans, parkylack daled delementers	Accessory Building Addition/Alteration (specify)	) CHATY	date)	eping quarters,	arage	A Committee of the Comm			th Loft	ucture on property)	Proposed Structure	Length: 141	Length:					4	,	r Use		If yescontinue	Pond or Flowage		DE/	687323		Tax ID# (4-5 digits)		715-331-401	Č.	62290 FIMEL	□ PRIVY Address:	Bayneid UO, Zutillig vope.
tion must accompa	oon by Bayfield County (we) consent to county	WITHOUT A PERMIT I	THE PARTY OF THE P	WHITTE		, and the second	Keen	.11.	2							re				and the state of t	None	ω		1	# of bedrooms			Distance Structure	Distance Structure	F TA	2 200,			Agent Mailing Add	Plumber:	7. 54856	<b>S</b>	☐ CONDITIONAL USE	
ny this application)	in determining whether officials charged with ac	WILL RESULT IN PENA Pedge and belief it is true,			and the second s	T T T T T T T T T T T T T T T T T T T	- The state of the		cooking & food prep facilities)	- Ampanian		Address		To a manual control of the control o	The state of the s		Width:		None	Compost Toilet	Portable (w/se	Sanitary (Exis	☐ (New) Sanitary		Sewei Is o		2	hire is from Shoreline .	ture is from Shoreline:		Dioce(a) rao.	╀	7	Agent Mailing Address (include City/State/Zip):		56	MASSIN, WII.	ONAL USE ☐ SPECIAL USE	
Date	to Issue a permit. { {\text{sministering county c}}	LTIES	×	~ ·	×	×	× ×		×	××	××	×	× :	~ ~	×	Dimensions	6			et	Ž   _	(5)	ry Specify Type:	ТУ	What Type of Sewer/Sanitary System Is on the property?		feet		<del>+</del>	Lot Size	Subdivision.	Document #:	Recorded Deed (i.e. #	ate/Zip):			54856	AL USE 🗆 B.O	
	ermit. I (we) further accept liability which g county ordinances to have access to the	: I (we) acknowledg	_				- C	H	)		-	}		_	)		Height: /			Annual transfer but the second	Vaulted (min 200 gallon)	e:			iem		No			Acreage			☐ <b>Yes</b> ☐ e. # assigned by R	Written Au Attached	Plumber Phone:	715-331-	715-372-		
	ability which access to the	e that I (we)	The state of the s				T. C.									Square Footage	8	Ø		<u>L</u>			Well	☐ City	Water		□ No	Present? □ Yes	Are Wetlands				☐ Yes ☐ No assigned by Register of Deeds)	Written Authorization Attached	hone:	31-901		HER	

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization

Address to send permit

01,220

TIMES

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MASON, LUZ.

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Date

ox below: Draw or Sketch your Property (regardless of what you are applying for) 2 (2) (3) (4) (3) (5) (7) Show any (\*): Show any (\*): Show: Show: Show Location of (\*): Show Location of: Show / Indicate: Proposed Construction

North (N) on Plot Plan

(\*) Driveway and (\*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(\*) Wetlands; or (\*) Slopes over 20% STORE + E. 28 HOUTIDA DroposeD

Please complete (1) - (7) above (prior to continuing)

FINEER

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Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be	Setback to Privy (Portable, Composting)	Setback to <b>Drain Field</b>	Setback to Septic Tank or Holding Tank		Setback from the East Lot Line	Setback from the West Lot Line	Setback from the <b>South</b> Lot Line	Setback from the North Lot Line		Setback from the Established Right-of-Way	Setback from the Centerline of Platted Road		Description
of the minimum require	7	20	Cố	, ,		000	いたいとう	266-70	,	MA	8	,	Weasurement
d setback, the	Feet	Feet	Feet	aven	Feet	Feet	Feet	Feet	111150	Feet	Feet	2000	ent
e boun													
ndary line from which the setback must be measured must be visible from one			Setback to Well		Elevation of Floodplain	20% Slope Area on property 7,	Setback from Wetland		Setback from the Bank or Bluff	Setback from the River, Stream, Creek	Setback from the Lake (ordinary high-water mark)		Description
visible from one previously surveyed corner to the			4)			√ Yes	/						Measurement
ед согп			•			□ No			Feet				emen.

## (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code

Issuance Information (County Use Only)	Sanitary Number:	# of bedrooms: San	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 176197	Permit Date: (0-0-1)		
Is Parcel a Sub-Standard Lot Des (Deed of Record) Is Parcel in Common Ownership Des (Fused/Contiguous Lot(s)) Is Structure Non-Conforming Pes	us Lot(s))  Let No Mitigation Required Mitigation Attached	□Yes VNO □Yes VNO	Affidavit Required □ Yes LANo Affidavit Attached □ Yes LANo
Granted by Variance (B.O.A.)  11 Yes V No  Case #:   A  A	Previously Granted by Variance (B.O.A.)	y Variance (B.O.A.) Case #: /	M
Was Parcel Legally Created Vyes I No Was Proposed Building Site Delineated Vyes I No	Were Property Li	wner	res no
Inspection Record: Property is Zowed RI Not El as previously octumines is not Now. contenting as Building is	+ Now Conforming as	Zo	Zoning District (A)
Date of Inspection: 6/1/2017 Linspected by: Robert Schierman	inspected by: Robert Schierman	Da	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? Tyes No-(If No they need to be attached)  Whost Contract Local Uniform Dwelling Code in Spection	hed? ☐ Yes ☐ No - (If No they need to be at u )	cond profian	agency and
Secure Uniters Dealies	Uniter Dwalling Code Permit It Product 16/15	-	under the supe
of Said inspector's Contract	stract.	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
Signature of Inspector:			Date of Approval: 6/1/など
Hold For Sanitary: Hold For TBA:	Hold For Affidavit:	Hold For Fees:	

own, City, Village, State or Federal Permits May Also Be Required

LAND USE - X
SANITARY - Existing
SIGN SPECIAL CONDITIONAL BOA -

## BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17-0	197			ssue	d To: <b>G</b>	Gregg & Jean Olson								
2 Par in Location:	NE	1/4	of	SW	1/4	Section	8	Township	46	N.	Range	7	W.	Town of	Delta
Gov't Lot			L	.ot		ВІ	ock	Su	bdivisio	on				CSM#	

For: Residential Addition: [1-Story; <u>Utility Room</u> (14' x 6') = 84 sq. ft. ] (Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must contact local UDC inspection agency and secure UDC permit if project falls under the scope of said inspector's contract.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

## **Rob Schierman**

Authorized Issuing Official

June 2, 2017

Date